



**CORRECTIONS STANDARDS AUTHORITY  
INVOLUNTARY HOME DETENTION – PENAL CODE SECTION 1203.017  
REPORTING FORM**

Report ONLY information to CSA per Penal Code §1203.017(h)(1) for those individuals placed on Involuntary Home Detention (IHD) who have either: **1. Successfully completed IHD OR 2. Were returned to custody prior to the completion of IHD.**

**SECTION A. County Information**

**\*\*REQUIRED INFORMATION\*\***

<b>COUNTY:</b>	<b>DEPARTMENT/UNIT:</b>	
<b>Person Reporting:</b>	<b>Phone:</b>	<b>Email:</b>
<b>Date Report Submitted:</b>	<b>Calendar Year Reporting:</b>	
<b>Please check here if you have NO Involuntary Home Detentions during the calendar year:</b> <input type="checkbox"/>		

**SECTION B. Offender Information**

**\*\*REQUIRED INFORMATION\*\***

Please submit the following information for all individuals placed on IHD during the calendar year indicated above who have successfully completed IHD or were returned to custody prior to completion of IHD. **Do not** include those individuals currently participating in IHD. This information is required annually.

#	Last Name	First Name	DOB	M/F	Ethnicity <sup>1</sup>	Address	City	Zip	Offense <sup>2</sup>	# of Days on IHD	Successful Completion Y/N? <sup>3</sup>
1											
2											
3											
4											
5											
6											
7											
8											
9											

<sup>1</sup> American Indian = AI; Asian = A; Black = B; Hispanic = H; Multiracial = MR; Pacific Islander = PI; Other = O; White = W.

<sup>2</sup> Indicate the primary offense for which the individual was sentenced.

<sup>3</sup> If NO, complete "Section C. IHD Returns to Custody During the Calendar Year.

Please send completed report to: **ATTN: FSO REPORT ANALYST**

E-MAIL: [analyst@cdcr.ca.gov](mailto:analyst@cdcr.ca.gov) MAIL: Corrections Standards Authority, 600 Bercut Drive, Sacramento, 95811 FAX: 916.322.2461 Questions? Call: 916.323.9704

Rev. Jan2012

**SECTION B. Offender Information****\*\*REQUIRED INFORMATION\*\***

Please submit the following information for all individuals placed on IHD during the calendar year indicated above who have successfully completed IHD or were returned to custody prior to completion of IHD. **Do not** include those individuals currently participating in IHD. This information is required annually.

#	Last Name	First Name	DOB	M/F	Ethnicity <sup>1</sup>	Address	City	Zip	Offense <sup>2</sup>	# of Days on IHD	Successful Completion Y/N <sup>3</sup>
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											

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**SECTION C. IHD Returns to Custody During Calendar Year    \*\*REQUIRED INFORMATION\*\***

Fill this section out if an individual is returned to custody without completing IHD for any reason during the reporting year.

#	Last Name	First Name	DOB	Reason for Return to Custody	Actual # of Days on IHD
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					

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